		CLAIMS A	S FILED	PART	1							
			(Colum		2000	mn 2)		SMALL E		OR	OTHER	-
TOTAL CLAIMS			18					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		• 0			X\$ 9=		OR	X\$18=	_
INDEPENDENT CLAIMS			Vminus 3 =		* Ø			X42=		OR	X84=	_
ML	LTIPLE DEPE	NDENT CLAIM F	PRESENT					+140=		1		
• If	the difference	in column 1 is	less.than z	ero, enter	°°0° in c	column 2	ļ			OR	+280=	
٨	131/05 c	LAIMS AS	AMENDE	D - PAR	T fi			TOTAL		OR	TOTAL	750
0		(Column 1)		(Çotur	nn 2)	(Column 3)		SMALL	ENTITY	·OR	SMALL	
4		CLAIMS REMAINING		HIGH	BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI-
ב ע		AFTER AMENDMENT		PAID		EXTRA		IVIE	FEE		MAIE	TIONAL
AMENOMEN! A	Total	. 18	Minus	2	<u> </u>	•		X\$ 9=		OR	X\$18=	
AM	Independent • Minus ••• FIRST PRESENTATION OF MULTIPLE DEPEND		··· 2	<u> </u>	-		X42=		OR	X84=		
	/ /	/	·	PENUENI	CLAIM			+140=		OR	+280≃	
.4	0/26/	1/2		• •			L	TOTAL		_ '	TOTAL	
	/ /	(Column 1)	• •	(Colum	nn 2)	(Column 3)	A	DOIT, FEE			ADDIT. FEE	<u> </u>
		CLAIMS REMAINING		HIGH	ST		Г		ADDI-	1		ADDI-
AMENDINGIAL D		AFTER AMENDMENT		PREVIO	USLY	PRESENT. EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	. 17.	Minus		0	-(Q)·	ŀ	X\$ 9=	·		X\$18=	FEE
	Independent	. 2	Minus	· ·	<u> </u>	- 4	ŀ	X42=		OR		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		ŀ	A4425		OR	X84≈ .	
			•	-, -			L	+140=		OR	+280=	
							. A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
7		(Column 1) CLAIMS		(Colum		(Column 3)		•				
2		REMAINING AFTER		HIGHI NUME PREVIO	ER	PRESENT	F	RATE	ADDI-		2475	ADDI-
1		AMENDMENT		PAID		EXTRA	L	HAIE	TIONAL FEE		RATE	TIONAL FEE
WILLIAM WILLIAM	Total	• •	Minus	***	:	•	I	X\$ 9=		ОЯ	X\$18=	•
	Independent	NTATION OF MI	Minus	CAIDENT	C) 444		Γ	X42=		OR	X84=	, ·
_	TOT P. PLOC	INTALION OF WA	OCTIPIE DE	PENDENI	CDAN		1	+140=			.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OR	+280= TOTAL	
	me Highest Nu	Riber Previously Prober Previously P	aid For IN THI	S BRACE IS	tess that	20, enter *20.*	AC	DOIT FEE		OR,	DOTT. FEE	•

Application or Docket Number